# Library Meeting Room—Application for Use Tulare Public Library

**Come Grow with TPL**

475 North M Street Tulare, CA 9274
Phone: 559-685-4517  Fax:559-685-2345 Email: carol.lovos@tularepubliclibrary.org
Please complete and return this form at least 2 week (14 days) prior to the event.
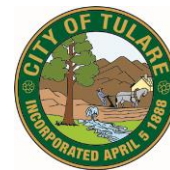
## City of Tulare Use Only

Date Submitted: _____

### Applicant Information
(Please Print Clearly):

Name: (First and Last):

_____

Phone:

_____

Email:

_____

### City Department
Name of Department

_____

Are you the on-site contact on the day of the event?
Yes ☐                    No ☐
If No, Name of Contact:

_____

Phone:

_____

|  | YES | NO |
|---|---|---|
| Will you need technology equipment? If yes, please fill out the Technology Request Form. | ☐ | ☐ |
| Is the event open to the general public? | ☐ | ☐ |

Additional Information:

### Facility Request
Event Date:
_____ / _____ / _____
Month    Day    Year

Room(s) Requested:

Council Chambers ☐

Charter Room ☐

Olympic Room ☐

Seating *(Please select one, sample floor plans/set ups on following page or provide a sketch of alternative set up request. Olympic Room Only.)*

☐Conference    ☐Stadium    ☐Classroom
☐Banquet       ☐Kiwanis    ☐Other *(provide sketch)*

### Event Information
(This information will be used on the Lobby Sign in the library)
Title of Event:

_____

Estimated Maximum Attendance

I want to have access to the room/s from: Rooms are only available during library hours.
            ☐ AM ☐ PM  **to**        ☐ AM ☐ PM
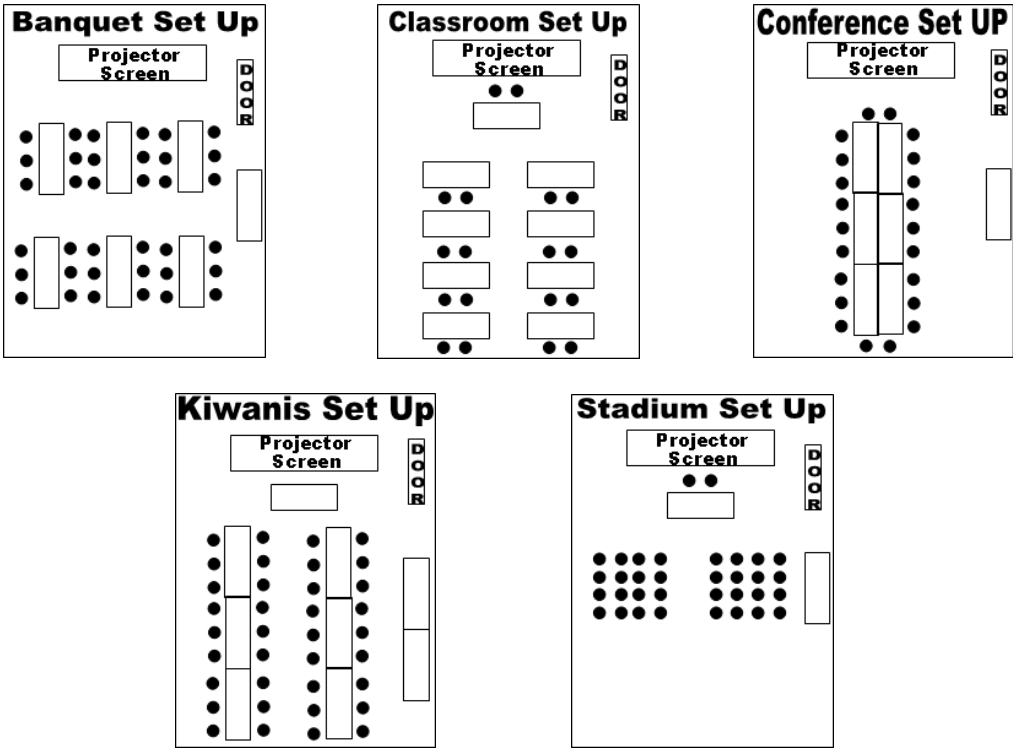
My program event times are:
            ☐ AM ☐ PM  **to**        ☐ AM ☐ PM

If the event is before 9:00am, please provide name of city employee responsible for opening main door.

| Library Use Only | | |
|---|---|---|
| Room | Fees/Charges | Total |
|  |  |  |
|  |  |  |

## Olympic Room Set-up Options

**Banquet Set Up**

**Classroom Set Up**

**Conference Set UP**

**Kiwanis Set Up**

**Stadium Set Up**

# Technology Request Form

Date Service Requested:

Set-up Time:                    (default time is initial room access start time; please confirm time for staff to arrive)

If you bring your **own** computer technology, please indicate what kind:

Mac Laptop ☐ iPad☐ Windows Laptop ☐

**Please be sure to bring your own VGA adapter.**

Please be sure to include time in your reservation request for set up, testing and confirmation of the system with your technology. This time will need to be included in your total reservation period.

| Please check the boxes of the Technology Services Requested | Olympic Room | Charter Room | Council Chambers |
|---|---|---|---|
| Podium with Microphone | | ■ | |
| Library Windows laptop with Projection (library card required to check out laptop) | | | |
| Presentation Remote | ■ | ■ | |
| User Laptop with Projection (please bring your own VGA adaptor) | | | |
| CD/DVD Projection (Stand-alone player, other than a laptop) | | ■ | |